



City of Lancaster Enterprise Zone Loan Fund

I. GENERAL INFORMATION

Name of Business: _____
Type of Business: _____
Federal Tax I.D.: _____
Address: _____
Telephone: _____ Fax: _____
Date Business Established: _____ How Long Owned: _____

II. OWNERSHIP & MANAGEMENT STRUCTURE

Business Organizational Structure:

Sole Proprietorship _____ Corporation _____ Partnership _____
LLC _____ Limited Partnership _____

List all proprietors, partners, and/or stockholders with at least 20% ownership in the business:

Name and Title: _____
Address: _____
Percent Ownership: _____ Phone Number: _____
Name and Title: _____
Address: _____
Percent Ownership: _____ Phone Number: _____

III. BANKING RELATIONSHIP DATA

Name of Bank: _____
Address: _____
Account Type(s): _____
Contact Info: _____

IV. PROJECT BUDGET & FINANCIAL INFORMATION

Scope of Project	Estimated Project Cost
<input type="checkbox"/> Real Property Acquisition	\$ _____
<input type="checkbox"/> Building Renovations	\$ _____
<input type="checkbox"/> Infrastructure Improvements	\$ _____
<input type="checkbox"/> Leasehold Improvements	\$ _____
<input type="checkbox"/> Purchase of Machinery/Equipment	\$ _____
<input type="checkbox"/> Working Capital	\$ _____
<input type="checkbox"/> Inventory	\$ _____
<input type="checkbox"/> Other-Please Specify	\$ _____
TOTAL PROJECT COST	\$ _____

Have any cost estimates for this project been obtained? Yes _____ No _____
If so, for what, and when were they obtained? _____

V. SOURCE(S) OF PROJECT FUNDS

Owner Equity:	\$ _____	% of Total Project	_____
Bank Loan:	\$ _____	% of Total Project	_____
Lancaster EZ Loan:	\$ _____	% of Total Project	_____
Private Financing:	\$ _____	% of Total Project	_____
Other _____	\$ _____	% of Total Project	_____
TOTAL PROJECT:	\$ _____		

VI. COLLATERAL INFORMATION – BUSINESS & PERSONAL

<u>Type</u>	<u>Existing Lien?</u> <u>(Secured/Unsecured)</u>	<u>Estimated Fair Market Value</u>
[] Real Estate/Business	\$ _____	\$ _____
[] Equipment/Fixtures	\$ _____	\$ _____
[] Real Estate/Personal	\$ _____	\$ _____
[] A/R and Inventory	\$ _____	\$ _____
[] Personal Property	\$ _____	\$ _____
[] Vehicles/Automobiles	\$ _____	\$ _____
[] Other (Specify)	\$ _____	\$ _____

Status of the Property Currently Occupied by the Business:

Owned _____ Leased _____ Leased w/ option to buy _____

Lease Price and Terms _____

If owned, is there an outstanding mortgage? Yes _____ No _____

Is there is/are mortgage(s), provide the following information pertaining to the mortgage and any other liens:

Fix/Adj	Amount	Length of Financing Term	Interest Rate
1 st Mortgage	\$ _____		
2 nd Mortgage	\$ _____		
3 rd Mortgage	\$ _____		

City of Lancaster Staff are available to answer any questions
you may have regarding the program or the application process.

Please call or email: Randy S. Patterson, Director
Department of Economic Development and
Neighborhood Revitalization

(717) 291-4760 or
rpatterson@cityoflancasterpa.com

Existing Debt Schedule Form

Creditor	Original Balance	Original Date	Present Balance	Interest Rate	Monthly Payment	Collateral Security
<i>EXAMPLE:</i> ABC Bank	\$25,000	May 2001	\$18,000	7.5%	\$850	Business assets
TOTAL						

Credit Release Authorization

I/we hereby request and authorize you to release to the City of Lancaster for verification purposes, personal and corporate credit reports, and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- Employment history dates, title, income, hours worked, etc.
- Banking (checking & savings) accounts of record.
- Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payment)
- Any information deemed necessary in connection with a consumer credit report for my loan application.

This information is for the confidential use of the City of Lancaster in compiling a loan credit report related to the City's Enterprise Zone Loan Program.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

The City of Lancaster may impose a charge for each personal credit report and for each business credit report ordered.

(Please print or type)

Name of Business: _____
Telephone: _____
Date: _____

Name of Officer/Owner: _____
Address for last two years: _____
Social Security #: _____
Signature: _____

Name of Officer/Owner: _____
Address for last two years: _____
Social Security #: _____
Signature: _____

Applicant Employment Eligibility Data

I. GENERAL INFORMATION

Name of Business: _____

Type of Business: _____

Federal Tax I.D.: _____

Address: _____

Fax: _____

Telephone: _____

II. EMPLOYMENT & JOB CREATION INFORMATION

Number of Current Employees:
Full Time: _____ Part Time: _____ Seasonal: _____

Number of Employees Projected in Three Years:
Full Time: _____ Part Time: _____ Seasonal: _____

Please indicate position type(s):
Management: _____ Administrative: _____ Support: _____
Skilled: _____ Unskilled: _____ Other: _____

Total Number of Jobs Created with Loan Proceeds: _____
Total Number of Jobs _____

III. BORROWER CERTIFICATION STATEMENT & SIGN-OFF

<u>AT APPLICATION:</u>	
NAME: _____	DATE: _____
POSITION _____	
<u>AT CLOSING:</u>	
NAME: _____	DATE: _____
POSITION: _____	